| Docket No.: |
|-------------|
|-------------|

## APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor

| (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitle METAL-BASED CARBON FIBER COMPOSITE MATERIAL AND METHOD FOR PRODUCING THE SAME |
|--|
| described and claimed in the specification:  |
| Check one  |
| *a. attached hereto.   |
| b.  iled on <u>December 16, 2004</u> as Application No. <u>PCT/JP2004/018823</u> and amended on <u>September 13, 2005</u> (if applicable).   |
| I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, a mended by any amendment referred to above.  |
| I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 3'  |
| Code of Federal Regulations, §1.56.  |

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:

Japanese Patent Application No. 2003-421619(2003)

Japanese Patent PCT International Application No. PCT/JP2004/018823

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

> James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771; Mario A. Costantino, Reg. No. 33,565; Joel S. Armstrong, Reg. No. 36,430; Christopher W. Brown, Reg. No. 38,025; Richard E. Rice, Reg. No. 31,560; Paul Tsou, Reg. No. 37,956; and Eric D. Morehouse, Reg. No. 38,565.

## ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| - <del>-</del>            | First or Sole   |                                    |  |             |
|---------------------------|---|------------------------------------|--|-------------|
| Invento                   |   | Kiminori                           |  | SATO        |
|                           |   | Given Name -                       | Middle Initial                         | Family Name |
| 2 **Inventor's Signature: |   | 1T2 1/2 /2                         | 7 /3 2                                 |             |
|                           |   |                                    |  |             |
| **Date of Signature:      |   | September                          | 4                                      | 2006        |
| Residence:                |   | Month                              | Day                                    | Year        |
| residence.                |   | Matsue-shi                         | Shimane                                | JAPAN       |
| Citizenship: JAPAN        |   | City                               | State or Province                      | Country     |
|                           | Post Office Address: (Insert complete c/o Shimane Institute |                                    | ndustrial Technology,                  |             |
| *I&D (- ) *               | mailing address<br>including count                          | try) 1, Hokuryou-cho, Matsue       | -shi, Shimane 690-0816, JAPAN          |             |
| "11 Box (a.) 18           | s checked, this form i                                      | may be executed only when attached | to the specification (including claims | 1           |

## PAGE 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

| Typen   | vriiten Fuii Name                                      |  |  |  |  |  |
|---|--|--|--|--|--|--|
| f Second Joint II   | aventor (if any)                                       | Nobuaki  |  | OZOE                                   |  |  |
| Typewritten Full Name  of Second Joint Inventor (if any)                |  | Given Name   | Middle Initial                                       | Family Name                            |  |  |
| **Inventor's Signature:   |  |  | (a) 13/2)  |  |  |  |
|   |  |  |  |  |  |  |
| **Date  | e of Signature:  | September  | 4  |  |  |  |
|   |  | Month Month  |  | 2006                                   |  |  |
|   | M  | latsue-shi   | Shimane  | Year<br>JAPAN                          |  |  |
| Residence:  |  | City   | State or Province                                    | -                                      |  |  |
| Citizenship:  | JAPAN  |  |  | Country                                |  |  |
| Citizensia  | Post Office Addres                                     |  |  | ······································ |  |  |
|   | (Insert complete                                       | c/o Shimane Institute                                | for Industrial Technology,                           |  |  |  |
|   | mailing address, including country)                    | 1 31.1   |  |  |  |  |
|   | merading country)                                      | 1, Hokuryou-cho, Ma                                  | 1, Hokuryou-cho, Matsue-shi, Shimane 690-0816, JAPAN |  |  |  |
| Third Joint Inver   |  | Jinichi<br>Given Name                                | Middle Initial                                       | OGAWA Family Name                      |  |  |
| **Inve  | ntor's Signature:                                      | <u> </u>   |  |  |  |  |
| **Date  | of Signature:  | September  | 4  | 2006                                   |  |  |
|   |  | Month  | Day  | Year                                   |  |  |
| Residence:  | Ma   | tsue-shi   | Shimane  | JAPAN                                  |  |  |
| Residence   |  | City   | State or Province                                    | Country                                |  |  |
| Citizenship:  | JAPAN  |  |  | o o unu y                              |  |  |
| Post Office Addres (Insert complete mailing address, including country) |  | c/o Shimane Institute for Industrial Technology,     |  |  |  |  |
|   |  | 1, Hokuryou-cho, Matsue-shi, Shimane 690-0816, JAPAN |  |  |  |  |
| Typewr<br>Fourth Joint Inve   | itten Full Name<br>intor (if any)                      | Toshiyuki .  | -  | UENO                                   |  |  |
|   |  | Given Name   | Middle Initial                                       | Family Name                            |  |  |
| **Inver   | ntor's Signature:                                      | 上野飯之   |  |  |  |  |
| **Date of Signature:  |  | September  | 4  | 2006                                   |  |  |
|   |  | Month  | Day  | Year                                   |  |  |
| Residence:  |  | sue-shi  | Shimane  | JAPAN                                  |  |  |
|   | (  | City   | State or Province                                    | Country                                |  |  |
| Citizenship:  | JAPAN  |  |  |  |  |  |
|   | Post Office Address: (Insert complete mailing address, | c/o Shimane Institute fo                             | or Industrial Technology,                            |  |  |  |
|   | including country)                                     | 1, Hokuryou-cho, Mats                                | 1, Hokuryou-cho, Matsue-shi, Shimane 690-0816, JAPAN |  |  |  |
|   |  |  |  |  |  |  |

## PAGE 3OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

| Typewi<br>Joint Invent  | ritten Full Name<br>for (if any) | Satoshi   |  | KOMATSUBARA  |
|-------------------------|----------------------------------|---|--|--|
|                         |                                  | Given Name  | Middle Initial   | Family Name  |
| **Inventor's Signature: |                                  | 小花廊   |  |  |
| **Date of Signature:    |                                  | September   | 4  | 2006   |
|                         |                                  | Month   | Day  | Year   |
| idence:                 |                                  | Matsue-shi  | Shimane  | JAPAN  |
|                         |                                  | City  | State or Province  | Country  |
| zenship:                | JAPAN                            |   |  | •  |
|                         | (Insert complemailing address    | c/o Shimane Institute for   | c/o Shimane Institute for Industrial Technology,  1. Hokuryou-cho. Matsue-shi. Shimane 690-0816. JAPAN   |  |
|                         | **Invent                         | **Inventor (if any)  **Inventor's Signature:  **Date of Signature:  idence:  zenship:  JAPAN  Post Office Ad  (Insert completed)  mailing address | #*Inventor's Signature:  **Date of Signature:  **Date of Signature:  **Month  Matsue-shi  City  Zenship:    JAPAN   Post Office Address: (Insert complete mailing address, | **Date of Signature:  **Date of Signature:  September  Month Day  Matsue-shi City State or Province  JAPAN  Post Office Address: (Insert complete mailing address,  (Insert complete mailing address,  Middle Initial  Middle Initial  Middle Initial  A  Month Day  Shimane  City State or Province  c/o Shimane Institute for Industrial Technology, |

Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.